CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION ÂMENDMENT

STATEMENT OF ECONOMIC INTERESTS

REPate Reseived

RECEIVEDCOVER PAGE
FAIR POLITICAL
MAGRICES COMPRIblic Document (EB)



NOV 30 2010

| Please type or print in ink. | 0010 === | BY: |
|---|---------------------------------------|---|
| NAME (LAST) | 71111 DEC - I PM L: | MIDDLE) DAYTIME TELEPHONE NUMBER |
| Torrico | Alberto | Osvaldo |
| MAILING ADDRESS STREET (Business Address Acceptable) | CITY | STATE ZIP CODE |
| (Dodinger / Balloce / Backmana) | | |
| | | |
| r. Onice, Agency, or court | Т | 4. Schedale Summary |
| Name of Office, Agency, or Court: | | ► Total number of pages |
| State Assembly | | including this cover page: |
| Division, Board, District, if applicable: | | ► Check applicable schedules or "No reportable |
| District 20 | | interests." |
| Your Position: | | I have disclosed interests on one or more of the attached schedules: |
| Assemblyman | | Schedule A-1 Yes – schedule attached |
| ► If filing for multiple positions, list add | | Investments (Less than 10% Ownership) |
| position(s): (Attach a separate she | 1 | Schedule A-2 Yes – schedule attached |
| Agency: | | Investments (10% or Greater Ownership) |
| | | Schedule B |
| Position: | | Real Property |
| | | Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts |
| 2. Jurisdiction of Office (Che | ck at least one box) | and Travel Payments) |
| ⊠ State | | Schedule D X Yes – schedule attached |
| County of | · · · · · · · · · · · · · · · · · · · | Income – Gifts |
| City of | | Schedule E |
| Multi-County | | Income – Travel Payments |
| Other | | -or- |
| | | No reportable interests on any schedule |
| 3. Type of Statement (Check a | at least one box) | |
| Assuming Office/Initial Date: | | |
| M Approals The project account in James | www.id=2000 | 5. Verification |
| Annual: The period covered is Jan through December 31, 2009. | luary 1, 2009, | I have used all reasonable diligence in preparing this |
| -or- | | statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any |
| O The period covered is/ December 31, 2009. | /, through | attached schedules is true and complete. |
| Leaving Office Date Left:/ (Check one) | | I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |
| O The period covered is January 1 | , 2009, through the | ula dia |
| date of leaving office. | | Date Signed 11 30 10 (month, day year) |
| O The period covered is/ | / through | |
| the date of leaving office. | _/, trifough , | Signature |
| Candidate Election Year: | | |

RECEIV **SCHEDULE D**FAIR POLITICATION — Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 DEC - 1 PM 4: 19

Comments: ___

| | (EB) |
|---|--|
| ► NAME OF SOURCE | ► NAME OF SOURCE |
| California Healthcare Institute | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 1020 Prospect Street, Suite 310, La Jolla, CA 92037 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 1 , 28 , 09 _{\$} 216.88 Reception/Dinner | \$ |
| · | |
| | \$ |
| | |
| | |
| NAME OF SOURCE | ► NAME OF SOURCE |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | \$ |
| | \$ |
| | |
| NAME OF SOURCE | Verification |
| ADDRESS (Business Address Acceptable) | Print Name Alberto Torrico |
| ADDICUS (BUSINESS AUGIESS ACCEPTABLE) | Office, Agency or Court |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | Statement Type 2009/2010 Annual Assuming Leaving Annual Candidate |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | I have used all reasonable diligence in preparing this statement. I have |
| | reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. |
| | I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |
| | Date Signed (d)(5) Signature |

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

RACTICES COMMISCOVER PAGE

ZIP CODE

(MIDDLE)

Osvaldo

STATE

Date Received Official Use Only MAY 27 2010

BY:

(d)(5)

(d)(5)

DAYTIME TELEPHONE NUMBER

OPTIONAL: E-MAIL ADDRESS

AMENDMENT

10 HAY 27 PM A: Public Document Please type or print in ink. NAME, (LAST) (FIRST) Alberto Torrico CITY MAILING ADDRESS . STREET (Business Address Acceptable) 1. Office, Agency, or Court Name of Office, Agency, or Court: State Assembly Division, Board, District, if applicable: District 20 Your Position: Assemblyman If filing for multiple positions, list additional agency(ies)/ Plso position(s): (Attach a separate sheet if necessary.) na podás NA 14E Agency: ___ Position: 2. Jurisdiction of Office (Check at least one box) X State County of _____ Multi-County ____ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/__ Annual: The period covered is January 1, 2009, through December 31, 2009. -or-O The period covered is ____/___, through December 31, 2009. Leaving Office Date Left: ____/__ (Check one) O The period covered is January 1, 2009, through the date of leaving office. O The period covered is ____/___, through the date of leaving office.

Candidate

Election Year: ___

| 4. Schedule Summary |
|--|
| ► Total number of pages including this cover page:2 |
| ▶ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules: |
| Schedule A-1 Yes — schedule attached Investments (Less than 10% Ownership) |
| Schedule A-2 Yes — schedule attached Investments (10% or Greater Ownership) |
| Schedule B Yes – schedule attached Real Property |
| Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) |
| Schedule D Yes – schedule attached Income – Gifts |
| Schedule E Yes – schedule attached Income – Travel Payments |
| -or- |
| ☐ No reportable interests on any schedule |

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Date Signed | 5/27/10 |
|-------------|---------|
| | (d)(5) |
| Signature | |

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is: 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE |
|--|--|
| Rachel's Day Care | BUSINESS ENTITY OR TRUST |
| Name 5984 Bellhaven Ave., Newark, CA 94560 | Check one box: INVESTMENT REAL PROPERTY |
| Address (Business Address Acceptable) | |
| Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY Law Practice FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| \$10,001 - \$100,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 09 |
| Sole Proprietorship Partnership Other YOUR BUSINESS POSITION | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA | Leasehold Other |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) Image: SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST TO THE E | Check box if additional schedules reporting investments or real property are attached |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) | 17 OE 50 OC |
| Comments: | TICAL THUSSION W 4: 23 |
| Verification | |
| Print Name Alberto Torrico | |
| Office, Agency or Court | |
| Statement Type 2009/2010 Annual 🖾 💇 Annual 🗀 As | suming Leaving Candidate |
| I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete. | eviewed this statement and to the best of my knowledge the information |
| I certify under penalty of perjury under the laws of the State of C | California that the foregoing is true and correct. |
| Date Signed 5/27/10 | (d)(5) Signature |
| (month, day, year) | |

MAY "0 6"2010

(d)(5)

BY:

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS PRACTICES COMMICOVER PAGE

10 MAY 10 PM Public Document

Please type or print in ink. NAME (MIDDLE) (LAST) (FIRST) IME TELEPHONE NUMBER Torrico Alberto Osvaldo MAILING ADDRESS CITY STATE STREET ZIP CODE OPTIONAL: E-MAIL ADDRESS (Business Address Acceptable)

| 1. Office, Agency, or Court |
|---|
| Name of Office, Agency, or Court: |
| State Assembly |
| Division, Board, District, if applicable: |
| District 20 |
| Your Position: |
| Assemblyman |
| ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) |
| Agency: |
| Position: |
| |
| 2. Jurisdiction of Office (Check at least one box) |
| State ■ Contact ■ Contact State ■ Contact ■ Contact State ■ Contact State ■ Contact ■ Contact ■ Contact ■ Contact ■ Contact ■ Contact ■ Cont |
| County of |
| City of |
| Multi-County |
| ☐ Other |
| |
| 3. Type of Statement (Check at least one box) |
| Assuming Office/Initial Date: |
| Annual: The period covered is January 1, 2009, through December 31, 2009. |
| -or- |
| O The period covered is/, through December 31, 2009. |
| Leaving Office Date Left:/(Check one) |
| O The period covered is January 1, 2009, through the date of leaving office. |
| -or- |
| O The period covered is/, through the date of leaving office. |
| Candidate Election Year: |

| 4. Schedule Summary | |
|--|--|
| ► Total number of pages including this cover page: | |
| ► Check applicable schedules or "No reportable interests." | |
| I have disclosed interests on one or more of the attached schedules: | |
| Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) | |
| Schedule A-2 | |
| Schedule B | |
| Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) | |
| Schedule D Yes – schedule attached Income – Gifts | |
| Schedule E Yes - schedule attached Income - Travel Payments | |
| -or- | |
| No reportable interests on any schedule | |

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Signature

SCHEDULE A-2 SCHEDULE A-2 INVESTMENTS AN



AMENDMENT

| ► 1. BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE |
|--|--|
| Law Offices of Alberto Torrico | BUSINESS ENTITY OR TRUST Check one box: |
| Name 39510 Paseo Padre Pkwy #220, Fremont, CA 95438 | ☐ INVESTMENT ☐ REAL PROPERTY |
| Address (Business Address Acceptable) | |
| Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY Law Practice FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 | Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE |
| Verification Print Name Alberto Torrico. Office, Agency or Court | |
| Statement Type 2009/2010 Annual 🗵 09 Annual 🗆 As | • |
| I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Complete. | |
| Date Signed | Signature _ |



Interests in Real Property OMAY 10 PH 3: 32

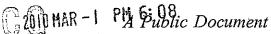
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

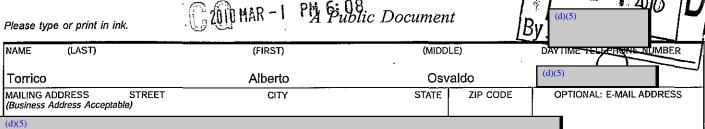
AMENDMENT

| STREET ADDRESS OR PRECISE LOCATION | ► STREET ADDRESS OR PRECISE LOCATION |
|--|---|
| 3960 Turlock Street | 5984 Bellhaven Avenue |
| CITY | CITY |
| W Sacramento, CA 95691 | Newark, CA 94560 |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Ownership/Deed of Trust Easement | ☑ Ownership/Deed of Trust ☐ Easement |
| Leasehold | Leasehold Other |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | IF RENTAL PROPERTY, GROSS INCOME RECEIVED |
| \$0 - \$499 | ☐ \$0 - \$499 |
| S10,001 - \$100,000 OVER \$100,000 | ⊠ \$10,001 - \$100,000 □ OVER \$100,000 |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. |
| - | |
| You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows: | |
| NAME OF LENDER* | Verification Print Name Alberto Torrico |
| ADDRESS (Business Address Acceptable) | Office, Agency |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | Statement Type |
| INTEREST RATE TERM (Months/Years) | I have used all reasonable diligence in preparing this statement. I have |
| | reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. |
| HIGHEST BALANCE DURING REPORTING PERIOD | I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |
| \$500 - \$1,000 \$1,001 - \$10,000 | , , |
| S10,001 - \$100,000 OVER \$100,000 | Date Signed 5/6/10 |
| Guarantor, if applicable | Signature |
| | - |

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE





| 1. Office, Agency, or Court |
|--|
| Name of Office, Agency, or Court: |
| State Assembly |
| Division, Board, District, if applicable: |
| District 20 |
| Your Position: |
| Assemblyman |
| ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) |
| Agency: |
| Position: |
| |
| 2. Jurisdiction of Office (Check at least one box) |
| State ∴ |
| County of |
| City of |
| Multi-County |
| ☐ Other |
| |
| 3. Type of Statement (Check at least one box) |
| Assuming Office/Initial Date:/ |
| Annual: The period covered is January 1, 2009, through December 31, 2009. |
| -or- |
| O The period covered is/, through December 31, 2009. |
| Leaving Office Date Left:/(Check one) |
| The period covered is January 1, 2009, through the date of leaving office. |
| -or- |

O The period covered is ___ the date of leaving office.

Election Year: _

☐ Candidate

| 4. Schedule Summary | |
|--|--|
| ► Total number of pages including this cover page:6 | |
| ➤ Check applicable schedules or "No reportable interests." | |
| I have disclosed interests on one or more of the attached schedules: | |
| Schedule A-1 X Yes – schedule attached Investments (Less than 10% Ownership) | |
| Schedule A-2 X Yes – schedule attached Investments (10% or Greater Ownership) | |
| Schedule B | |
| Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) | |
| Schedule D Yes – schedule attached Income – Gifts | |
| Schedule E Yes – schedule attached Income – Gifts – Travel Payments | |
| -or- | |
| No reportable interests on any schedule | |

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Date Sign | 3/1/10 |
|-----------|--------|
| | (d)(5) |
| Signature | |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Torrico, Alberto Osvaldo

| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|---|
| EAW Practice | Law Offices of Alberto Torrico | · |
| FAIR MARKET VALUE | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| S.200 - \$10,000 | Law Practice | |
| \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Slock Other Closeribia Other Closeribia Other O | FAIR MARKET VALUE | FAIR MARKET VALUE |
| NATURE OF INVESTMENT | <u> </u> | |
| Stock | S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| Stock | NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership | ☐ Stock ☐ Other | Stock Other |
| O Income Received of \$500 or More (Report an Schedule C) | name . | |
| ACQUIRED DISPOSED | | |
| ACQUIRED DISPOSED ACQUIRED DISPOSED | | |
| ACQUIRED DISPOSED | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| NAME OF BUSINESS ENTITY NAME OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY Stock Other Obscribe) S2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Slock Other Obscribe) Partnership O Income Received of \$500 or More (Report on Schedule C) FAPPLICABLE, LIST DATE: | | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE | | |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$10,000 \$10,001 - \$ | ► NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$10,000 \$10,001 - \$ | CENTEDAL DECORIDATION OF DISCINEGO A STRUTY | CEMERAL RECORDING OF BUCINESS ACTIVITY |
| \$2,000 - \$10,000 | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| \$2,000 - \$10,000 | | |
| \$100,001 - \$1,000,000 | FAIR MARKET VALUE | FAIR MARKET VALUE |
| NATURE OF INVESTMENT Stock Other Clescribe Partnership O Income of \$0 - \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 |
| Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More (Report on Schedule C) ☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More (Report on Schedule C) ☐ Partnership ○ Income Received of \$500 or More (Report on Schedule C) ☐ FAPPLICABLE, LIST DATE: ☐ J _ J _ 09 ☐ J _ J _ 09 ☐ ACQUIRED ☐ DISPOSED ☐ DISPOSED ☐ DISPOSED ☐ Partnership ○ Income of \$0 - \$500 ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ Norme (Report on Schedule C) ☐ FAPPLICABLE, LIST DATE: ☐ J _ 09 ☐ J _ 09 ☐ ACQUIRED ☐ DISPOSED ☐ DI | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Qver \$1,000,000 |
| Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More (Report on Schedule C) ☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More (Report on Schedule C) ☐ Partnership ○ Income Received of \$500 or More (Report on Schedule C) ☐ FAPPLICABLE, LIST DATE: ☐ J _ J _ 09 ☐ J _ J _ 09 ☐ ACQUIRED ☐ DISPOSED ☐ DISPOSED ☐ DISPOSED ☐ Partnership ○ Income of \$0 - \$500 ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ○ Income of \$0 - \$500 ☐ Norme (Report on Schedule C) ☐ FAPPLICABLE, LIST DATE: ☐ J _ 09 ☐ J _ 09 ☐ ACQUIRED ☐ DISPOSED ☐ DI | NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership O Income of \$0 - \$500 Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C) | ☐ Stock ☐ Other | Stock Other |
| Income Received of \$500 or More (Report on Schedule C) | | 1 — |
| ACQUIRED DISPOSED 1 | | |
| ACQUIRED DISPOSED 1 | | |
| ACQUIRED DISPOSED | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,0 | / / 09/ 09 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE | ACQUIRED DISPOSED | |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000 \$100,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1, | ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000 \$100,001 - \$1,000,001 - \$1,000,000 \$100,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1 | | · |
| \$2,000 - \$10,000 | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| \$2,000 - \$10,000 | • | • |
| \$2,000 - \$10,000 | CAID MADIZET VALUE | CAID MADICET VALUE |
| \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 S100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 S100,001 - \$1,000,000 Over | | l — — |
| NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J | | |
| Stock Other (Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 09 J 09 ACQUIRED DISPOSED Stock Other (Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 09 J 09 ACQUIRED DISPOSED | | |
| Describe (Describe) (Desc | | ! — — |
| O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED DISPOSED | | Stock |
| IF APPLICABLE, LIST DATE: | | |
| | C microfile Received of \$500 of More (Report on Schedule C) | O income Received of \$500 of More (Report on Schedule C) |
| ACQUIRED DISPOSED ACQUIRED DISPOSED | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Comments: | Comments: | - |

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

lame

Torrico, Alberto Osvaldo

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|--|
| Law Offices of Alberto Torrico | Rachel's Day Care |
| Name 39510 Paseo Padre Pkwy #220, Fremont, CA 95438 | Name 5984 Bellhaven Ave., Newark, CA 94560 |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2 | Check one Trust, go to 2 🗵 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY Law Practice | GENERAL DESCRIPTION OF BUSINESS ACTIVITY Day Care Provider |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 |
| NATURE OF INVESTMENT Sole Proprietorship Partnership Other. | NATURE OF INVESTMENT Sole Proprietorship Partnership Other |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) |
| □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000 | |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SQURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) | ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) |
| | |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| Check one box: INVESTMENT REAL PROPERTY | Check one box: |
| INVESTMENT REAL PROPERTY | LINVESTMENT LINEAR PROPERTY |
| Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property | Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property |
| 1 | |
| Description of Business Activity or City or Other Precise Location of Real Property | Description of Business Activity or City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 / |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| Commante | EDDC Form 700 (2000/2010) Sah A 2 |

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Torrico, Alberto Osvaldo

| 3960 Turlock Street CITY W Sacramento, CA 95691 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | 5984 Bellhaven Avenue |
|--|--|
| W Sacramento, CA 95691 | CITY |
| | 5 |
| FAIR MARKET VALUE IF APPLICABLE LIST DATE: | Newark, CA 94560 |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 09 / 0 |
| NATURE₁OF INTEREST ☐ Ownership/Deed of Trust ☐ Easement | NATURE OF INTEREST Ownership/Deed of Trust Easement |
| Leasehold Other | LeaseholdOther |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | IF RENTAL PROPERTY, GROSS INCOME RECEIVED |
| \$0 - \$499 \$500 - \$1,000 \$1,001 · \$10,000 | \$0 - \$499 |
| \$10,001 - \$100,000 OVER \$100,000 | |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. |
| | |
| | |
| · | |
| * | |
| * You are not required to report loans from commercial le of business on terms available to members of the publi and loans received not in a lender's regular course of to NAME OF LENDER* | c without regard to your official status. Personal loans |
| of business on terms available to members of the publi and loans received not in a lender's regular course of t | c without regard to your official status. Personal loans business must be disclosed as follows: |
| of business on terms available to members of the publicand loans received not in a lender's regular course of the NAME OF LENDER* | c without regard to your official status. Personal loans pusiness must be disclosed as follows: NAME OF LENDER* |
| of business on terms available to members of the publicand loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) | c without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| of business on terms available to members of the publicand loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | c without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER |
| of business on terms available to members of the public and loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | continuit regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |
| of business on terms available to members of the public and loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome | Comparison of the comparison o |
| of business on terms available to members of the public and loans received not in a lender's regular course of the NAME OF LENDER' ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | Conception of the control of the con |

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Torrico, Alberto Osvaldo

| NAME OF SOURCE | | ► NAME OF SOURC | E | • |
|--|------------------------|---|--------------------|------------------------|
| Karen Bass for Assembly 2008 | | Karen Bass for Assembly 2008 ADDRESS (Business Address Acceptable) 777 S. Figueroa St., Ste 4050, Los Angeles, CA | | |
| ADDRESS (Business Address Acceptable) 777 S. Figueroa St., Ste 4050, Los Angeles, CA | | | | |
| | | | | |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01,08,09 \$ 72.52 | Jacket | 01,26,09 | s 59.55 | Dem Freshman Dinne |
| | | | \$ | |
| \$ | <u> </u> | | \$ | |
| IAME OF SOURCE | | ► NAME OF SOURCE | E | |
| California Democratic Party | | Consumer Att | | |
| ADDRESS (Business Address Acceptat | | ADDRESS (Busines | - | |
| 1401 21st Street, Suite 200, | Sacramento, CA 95811 | 770 L. Street, | Suite 1200, S | acramento, CA 95814 |
| USINESS ACTIVITY, IF ANY, OF SOL | IRCE | BUSINESS ACTIVIT | ry, if any, of sou | JRCE |
| ATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01,08,09 \$ 73.26 | Dinner | 02 , 23 , 09 | \$ 54.89 | Meal |
| /\$ | <u> </u> | | \$ | |
| / \$ | · | | \$ | |
| AME OF SOURCE | | ► NAME OF SOURCE | | |
| CA Tribal Business Alliance | | CA Poultry Fe | deration | _ |
| DDRESS (Business Address Acceptab | ie) | ADDRESS (Busines | s Address Acceptab | nle) |
| 1530 J. Street, Suite 250, Sa | cramento, CA 95814 | 4640 Spyres V | Way, Suite 4, N | Modesto, CA 95356 |
| USINESS ACTIVITY, IF ANY, OF SOU | RCE | BUSINESS ACTIVIT | Y, IF ANY, OF SOU | JRCE . |
| ATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01,14,09 \$ 88.77 | Ticket to event | 03 , 03 , 09 | <u>\$ 162.17</u> | Kitchen Dinner |
| \$ | Ticket to event | | \$ | Nicoron Billios |
| | | | e | |

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Torrico, Alberto Osvaldo

| ► NAME OF SOURCE | ► NAME OF SOURCE | | |
|---|--|--|--|
| Entertainment Software Association | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 575 7th Street, Suite 300, Washington, DC 20004 | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| | <u></u> | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 02 , 24 , 09 s 59.73 Dinner | | | |
| \$ | | | |
| | | | |
| | | | |
| | | | |
| ► NAME OF SOURCE | ► NAME OF SOURCE | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| • | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| | i i | | |
| DATE (mm/dd/yy)- VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| WW.F. OF COURSE | | | |
| NAME OF SOURCE | ► NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| ADDRESS (Business Address Acceptable) | ADDRESS Address Acceptables | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| | | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | \$ | | |
| • | | | |
| Comments: The cost for these gifts have been reimbursed | to the donors. The reimbursements were submitted after | | |
| 30 days and are therefore reported here. | | | |